#### ARKANSAS INSURANCE DEPARTMENT

# INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

Page 1 of 3

1.	Insurer	Name Beacon National Insurance Company					
	Addres	s P. O. Box 97523					
	Wichita Falls, TX						
		76307					
	Person	Person Responsible for Filing Jon Johnson					
	Title _	Dir. of Personal Lines Underwriting Telephone No. 940-720-4611					
2.	Insurer	NAIC No. 20028 Group No. 0030					
3.	Line of	Insurance Personal Auto Liability					
4.	Advisory Organization Insurance Services Office						
5.	Adviso	ry Organization Reference Filing No. PP-2005-BRLA1					
6.	The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.						
7.	Propose	d Rate Level Change % Effective Date03-01-06					
8.	Prior Ra	ate Level Change % Effective Date01-20-05					
9.	Attach "Summary of Supporting Information Form" (Use a separate Summary for each insurer-selected loss cost multiplier.)						
10.	Check o	one of the following:					
	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.						
	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.						

## Page 2 of 3

Insurer	Nam	e: Beacon National Insurance Company	Date: 01-	23-06
NAIC N	No.	20028	Group No.	0030
		INSURER RATE FILE ADOPTION OF ADVISORY ORGANIZATION I SUMMARY OF SUPPORTING INFO CALCULATION OF COMPANY LOSS	PROSPECTIVE LOS RMATION FORM	
2 ]	Loss A. B.	Subline, Coverage, Territory, Class, etc. combination to whit Cost Modification:  The insurer hereby files to adopt the prospective loss cost (Check One)  Without Modification (factor = 1.000)  With the following modification(s). (Cite the natural supporting data and/or rationale for the modification Loss Cost Modification Expressed as a Factor: (See Example EXPENSE CONSTANTS ARE UTILIZED, ATTACH "THER SUPPORTING INFORMATION. DO NOT COM	re and percent modification.) I.0 mples Below)  EXPENSE CONSTAN	ntion, and attach
	Deve	elopment of Expected Loss Ratio. (Attach exhibit detailing in mation.)		
	A. B. C. D. E. F.	Total Production Expense General Expense Taxes, Licenses & Fees Underwriting Profit & Contingencies* Other (explain) TOTAL * Explain how investment income is taken into account.	18.4 7.1 1.9 3.5 0.00 30.8	% % % %
	A. B.	Expected Loss Ratio: ELR=100%-3F=A. ELR in Decimal Form =	69.3 0.69	
5. (	Comp	any Formula Loss Cost Multiplier: (2B divided by 4B) =	1.44	3 %
6. Company Selected Loss Cost Multiplier = 1.35  Explain any differences between 5 and 6:  Continued improvement in the expense area and maintain loss ratios via quality initiatives				
7. I	Rate 1	evel change for the coverages to which this page applies:	14.	3 %
Exampl	le 1:	Loss Cost Modification Factor: If your company's loss c (1.000100) should be used.	ost modification is -109	%, a factor of .90
Example 2:		Loss Cost Modification Factor: If your company's loss c (1.000 + .150) should be used.	ost modification is +15	%, a factor of 1.15

# INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS REFERENCE FILING ADOPTION FORM

Page 1 of 3

Insurer Name Beacon National Insurance Company					
	Address P. O. Box 97523				
	Wichita Falls, TX 76307				
	Person Responsible for Filing Jon Johnson				
	Title Director of Personal Lines Underwriting Telephone No. 940.720.4611				
2.	Insurer NAIC No. 20028 Group No. 0030				
3.	Line of Insurance Personal Auto Physical Damage				
4.	Advisory Organization Insurance Services Office				
5.	Advisory Organization Reference Filing No. PP-2005-BRLA1				
6.	The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.				
7.	Proposed Rate Level Change % Effective Date03-01-06				
8.	Prior Rate Level Change % Effective Date02-10-05				
9.	Attach "Summary of Supporting Information Form" (Use a separate Summary for each insurer-selected loss cost multiplier.)				
10.	Check one of the following:				
	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.				
	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.				

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### Page 2 of 3

Insure	er Name	: Beacon National Insurance Company	Date: _	12/13/04					
NAIC	No.	20028	Group	No. 0030					
		INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTION OF SUMMARY OF SUPPORTING INFORMATION OF COMPANY LOSS COST M	ON FOR	M					
1.	Line,	Subline, Coverage, Territory, Class, etc. combination to which this page	ge applie	s: Personal Auto Phys I	Dam				
2.	Loss	Loss Cost Modification:							
	Α.	· · · · · · · · · · · · · · · · · · ·	cent mod	lification, and attach					
	В.	Loss Cost Modification Expressed as a Factor: (See Examples Belo	ow)	.973 (from prior yr.)					
<b>NOT</b> :	O'I Deve	EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE THER SUPPORTING INFORMATION. DO NOT COMPLETE Is also provided by the second control of Expected Loss Ratio. (Attach exhibit detailing insurer expension.)	ITEMS :	3-7 BELOW.	OR				
	inior	mation.)		Selected Provisions					
	A.	Total Production Expense		19.2	%				
	В.	General Expense	_	7.5	%				
	C.	Taxes, Licenses & Fees		1.9	%				
	D.	Underwriting Profit & Contingencies*	_	3.00	%				
	E.	Other (explain)		0.00	- %				
	F.	TOTAL	_	31.6	- %				
		* Explain how investment income is taken into account.			-				
4.	A.	Expected Loss Ratio: ELR=100%-3F=A.		68.4%	%				
	B.	ELR in Decimal Form =		0.684	%				
5.	Company Formula Loss Cost Multiplier: (2B divided by 4B) =			1.42	_ %				
6.	Comp	any Selected Loss Cost Multiplier =	_	1.30	%				
		in any differences between 5 and 6:							
	Con	inued improvements expected in the expense area and maintain loss ra	itio via qi	uality initiatives.	-				
7.	Rate l	evel change for the coverages to which this page applies:		-19.7	%				
Exam	iple 1:	Loss Cost Modification Factor: If your company's loss cost modification (1.000100) should be used.	ication is	-10%, a factor of .90					
Example 2:		Loss Cost Modification Factor: If your company's loss cost modification (1.000 + .150) should be used.	ication is	+15%, a factor of 1.15					